

DECLARATION AND POWER OF ATTORNEY

I the undersigned inventor(s), hereby declare(s) that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF CRYSTAL AS PHOTOCHEMOTHERAPEUTIC AGENT

the specification of which is attached hereto.

I acknowledge the duty to disclose information material to the examination of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

And I hereby appoint:

Charles S. Sara	30,492
Joseph T. Leone	37,170
Craig A. Fieschko	39,668
Todd E. Palmer	44,278

Address all telephone calls to: **Joseph T. Leone**
Telephone: 608-831-2100
Facsimile: 608-831-2106

All correspondence to: **Intellectual Property Department**
DEWITT ROSS & STEVENS S.C.
Firststar Financial Centre
8000 Excelsior Drive Suite 401
Madison, WI 53717-1914

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR Guilherme Luiz Indig

INVENTOR'S SIGNATURE *Guilherme Luiz Indig* DATE 01/03/2001

Residence: Madison, Wisconsin

Citizenship: US Post Office Address: 6618 Montclair Lane, Madison, WI 53711

09753472-010301